

SERIAL NUMBER: 0	9 / 869542	RECEIPT DATE:	06 / 29 / 01
IA NUMBER: PCT/ IB	99 / 02082	IA FILING DATE:	12 / 23 / 99
FAMILY NAME: RA	TAMO	DELAY WAIVED (Y/N): N
GIVEN NAME: IL	IKKA	DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/	N): Y	PRIORITY DATE:	12 / 31 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONL	Y (Y/N): N
ATTORNEY DOCKET NUMB	ER: 367.40268X00	COUNTRY:	
CORRESPONDENCE NAME/	ADDRESS: CUSTOMER NL	IMBER: 000000 TELEPH	ONE 0000000000
		FAX	

NAME:

ROBERT M BAUER

ANTONELLI TERRY STOUT & KRAUS

STREET: 1300 NORTH 17TH STREET SUITE 1800

CITY:

ARLINGTON

STATE/COUNTRY: VA

ZIP: 22209

EMAIL:

APPLICATION TITLES:
PORTABLE CONTROLLER

TAB TO LAST POSITION, PUSH SEND